

Printed Name: Robert

Capacity/Title: OWRER

(see instruction # 8 on back of form)

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTION

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. (14 MAR 19 PM 2: 03

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(e	es) of the entity or individual(s) doing
business under the assumed business na	
Name	Complete Address
Kobert Hart	2839 Venus Pl Boise L
	837
The general type of business transacted u	inder the assumed business name is:
The general type of business transacted t	and the assumed business hame is.
	on and Public Utilities
Wholesale Trade Construction	٦
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	e Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West PO Box 83720
Same	Boise ID 83720-0080
<u>aura</u>	208 334-2301
	nent Phone number (optional):
Name and address for this acknowledgm COPY is (if other than # 4 above):	Tent Frione number (optionar).
copy is (if other than # 4 above).	

IDANO SECRETARY OF STATE @3/19/2004 @5:00 CK: 1395 CT: 158010 BH: 734354 1 0 25.00 = 25.00 ASSUM NAME # 2

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